Foster Family Home - Corrective Action Report

Provider ID:

1-190081

Home Name:

Jesica Hinojosa, CNA

Review ID:

1-190081-1

1705 Maliu Street

Reviewer:

David Ayling

Honolulu

HI 96819

Begin Date:

10/14/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification made on 10/14/19. 6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Data

10/15/2019 10:27 AM

Page 1 of 1